

**EXECUTIVE LOBBYING  
SUPPLEMENTAL REGISTRATION FORM**

268  
**Executive Lobbyist Registration No.**

**Instructions**

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

**FOR OFFICE USE ONLY**

Postmark Date: 06/28/06

Term

**3060697**

1. NAME Carpenter Laura  
Last First MI

NAME CHANGE  
Last First MI

2. BUSINESS PHONE (901) 870-8855  
(Area Code) Phone Number

3. FAX PHONE N/A

4. BUSINESS ADDRESS 50 Gayoso Avenue, #306 Memphis Tennessee 38103  
Street and No. City State Zip

MAILING ADDRESS Same as above  
Street and No. City State Zip

5. EMPLOYER Procter & Gamble Pharmaceuticals

6. EMPLOYER'S ADDRESS One Procter & Gamble Plaza, Cincinnati, Ohio 45202  
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No ☐

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name Procter & Gamble Pharmaceuticals

Address One Procter & Gamble Plaza, Cincinnati, Ohio 45202

Business or purpose Matters affecting the pharmaceutical manufacturing and health care industries.

☐ New Representation  
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of June 22, 2006


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- 2) Name N/A  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_
- 3) Name N/A  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

  
Signature of Lobbyist